

8th paper. Woodbridge

REPRINT FROM

THE TRANSACTIONS OF THE OHIO STATE MEDICAL SOCIETY

1895.

LIBRARY
SURGEON GENERAL'S OFFICE

NOV.-3--1897

513

REPORT ON TYPHOID FEVER—Continued.

Eighth Paper.

JOHN ELIOT WOODBRIDGE, M. D., YOUNGSTOWN.

A few days since I overheard a physician say : "There is no physician in the world so learned and possessed of such perfect integrity, as to have been able to convince me by any statement that the uniform results I have seen Dr. Woodbridge secure in the treatment of typhoid fever were possible." When asked by his interlocutor what he would regard as convincing evidence of the truth of the declaration that typhoid fever can be aborted, he answered : "Seeing it done, and after that the charts and reports of cases of other physicians who have treated typhoid fever by Dr. Woodbridge's method, and have thus succeeded in saving the life of every patient and greatly shortening the duration of the disease." His remarks prompted me to amend the report which I had prepared of the cases of typhoid fever which I had treated during the past year, by embodying in it some accounts of the failures and successes of other physicians who have essayed the abortive treatment of the disease, relying on the directions which I have given in papers (written only to prove that the disease can be aborted), on hastily written letters, on instructions given orally, or on bedside consultations. Many of them have shown their enthusiasm over the results of their trials and tests of this method of treatment by sending me clinical charts of their cases, also gratefully acknowledging their indebt-

edness to me for their marvelous success—a most laudable example of true courage and heroism to thus report results (the very possibility of which had been so strenuously denied), and which example, it is to be hoped, may be largely followed.

As the object of this paper is to place the Ohio State Medical Society in a position to reach a just conclusion as to the veracity of the affirmation that *typhoid fever can be aborted*, I shall draw from all these sources. Many of the original clinical charts (copies of which I hand you), and also the letters from which extracts are made, are here for your inspection.

Those of you who were present at the last meeting of this Society, when I read my paper on “Typhoid Fever,” will remember that a member arose in his place and said: “Being from Dr. Woodbridge’s town and society, I wish to say that we have had several ‘fights’ on this subject, and we have been watching his cases for several years to see if he could make his pledges good; but so far we have been unable to discover that he has made any failures, or had a death from typhoid fever. And we intend to continue to watch him in the future, and if he have a death, we will report it.” The fact that no such publication has been made, may be accepted as conclusive testimony that for thirteen years I have had no death from the disease, and have aborted every case of typhoid fever which has come under my care at a reasonably early stage of the disease.

During the past year I have treated, alone or in consultation, fifty-eight cases of typhoid fever. During the same period, there have been treated by one hundred and seventeen other physicians acting under my advice, by consultation at the bedside, in conversations in which I have given very complete and precise counsels in regard to the guidance of the patient throughout the illness, more than eight hundred cases.

I have seen in consultation, during the past twelve months, two* fatal cases, viz. :

Fatal Case No. 1, Mr. H. C. O., of Sewickley, Pa. This patient had been sick and feeling miserably, and under the supposition that he had la grippe had been taking quinine for several days. Yielding to the inevitable, he finally went to bed and sent for his physician, who found that he had pneumonia. Later he had an alarming hemorrhage of the lungs. No pathognomonic symptoms of typhoid fever were observed until the night of the first of December, during which he had numerous profuse intestinal hemorrhages. I was called the next day and found him in a condition bordering on collapse, bleeding from both the lungs and bowels, and he died before the hemorrhage could be arrested.

The only other fatal case which I have seen in consultation, occurred in the practice of Dr. M. V. Cunningham, whose experience in the Cook County (Ill.) Hospital, and at the Emergency Hospital during the World's Columbian Exposition, had served to render him an unusually accurate diagnostician, and taught him to appreciate the value of antiseptic medication. Conservative to a degree, educated to believe that there was no power in medicine to abort typhoid fever, he had watched my cases with the eye of an unfriendly critic, until, forced by the logic of my repeated successes, he called me in consultation several times, and consequently was able to produce such brilliant results in a number of instances that I had the most implicit confidence in his ability to treat typhoid fever in a perfectly scientific manner.

Case No. 2, James K., aged 24 years (see chart marked "Dr. Cunningham No. 3"). This patient was very sick on the thirtieth of March. On the first of April

*Since this paper was written, a third case, which I saw only once, the twenty-ninth day of the disease, died.

Dr. Cunningham's Case No. 3

Case No. 3

DIAGNOSIS

Revise

Notes of Case

Name *James H.*

M.F.

Age *24 years*

S.M.F.

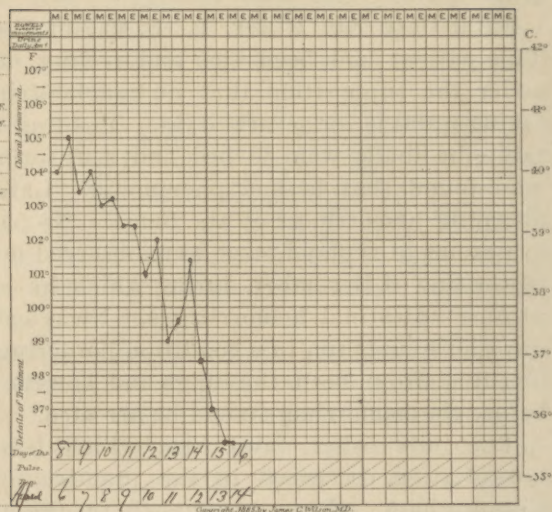
Nativity

Occupation

Residence

Date of admission *April 6/95**Diet*Treatment

Result



he sent for a physician, who, according to the statements of the family, made a diagnosis of la grippe, and called again the next day. The patient growing worse, Dr. Cunningham (who a few weeks earlier had treated a small niece of the patient through a very severe attack of typhoid fever by the method I had advised, with unusual success, see chart marked "Dr. Cunningham No. —, Ella G.") was called on the sixth of April, and he on the seventh called me in consultation. I found that the patient had been so sick nine days before I saw him as to lead to the obvious conclusion that he had been sick even longer. This conclusion was fully justified by his condition, his temperature having been the previous day 105° ; his bowels excessively tender and tympanitic, nervous symptoms exceedingly bad, his tongue tremulous and very dry and brown. He also had persistent hiccough, and was delirious. The next

morning Dr. Cunningham came to my office to say that his patient was so wildly delirious that his father who was nursing him was unable to give him medicine, and could with difficulty keep him in bed, and consequently wished to send him to the hospital, a desire which met my heartiest concurrence, but this was unfortunately abandoned on account of expense. I did not hear from the patient again until the tenth of April, when Dr. Cunningham invited me to see him, remarking in a pleased way: "I would like you to see him once more before he is well, and you must hurry, or you will be too late, for his temperature was 101° this morning, and at the rate it is dropping it will be normal in a day or two." Visiting him about 10 A. M. we found his temperature 100.6° , his tongue moist and less coated, his head clear, his abdomen quite flat, and entirely free from tenderness, tympanitis very slight, nervous symptoms greatly improved, and sleeping naturally. He had taken no antipyretics nor stimulants. His condition having improved so rapidly since my last visit, I told the doctor that I believed his patient would be well in less than ten days, and according to the reports he continued to improve until the following evening, when his symptoms were all better, and his temperature was 99.6° . Up to this time the disease had run the usual course expected under antiseptic treatment, and, save that it had been instituted too late to prevent necrosis and ulceration of Peyer's glands, which must needs have time to heal by granulation, the patient was nearly well. Consequently I was greatly surprised when Dr. Cunningham telephoned me the next day that the patient had had two convulsions during the early morning, was very restless, delirious, and seemed to be suffering great pain, apparently abdominal, as was indicated by the manner in which he rubbed and tugged at this region. Examination revealed a doughy mass, filling

up the abdominal cavity, most solid on the right side. He continued to have convulsions; his mouth and tongue became dry and parched; his temperature became subnormal; he grew more restless; his delirium became more profound, and he died of shock two days after the accident occurred. The autopsy revealed an intussusception, the obvious cause of death by shock to the nervous system, already exhausted by the long and exceedingly severe delirium, and under great strain on account of the septic condition, due to the enormous pyogenic surface; the whole of the small intestine being inflamed, and all of the agminated glands of Peyer, in the more than six feet of intestine examined, being ulcerated. The stomach and intestine above the intussusception were full and distended almost beyond endurance; while below, they were empty and collapsed.

This case presents the strongest possible confirmation of the correctness of my diagnoses—because there is not, amongst all the cases that I have reported as typhoid fever, a single case which offers fewer pathognomonic symptoms of the disease than this one. It positively confirms my declaration that “typhoid fever can be aborted,” for severe as it was, and despite the fact that treatment was so long deferred that necrosis of Peyer’s glands was unavoidable, it yet pursued the ordinary course toward recovery, and before the unfortunate accident which caused his death, occurred, he was practically cured.

It presents the most convincing and irrefutable evidence of the validity of my assumptions as a whole; and it seems to me that it should overwhelm with shame and confusion the impudent and arrogant critics, who (forgetful of my nineteen years of clinical experience with a method of treatment to which they have not given the slightest attention) presume to say that because the

clinical chart does not present the so-called typical "typhoid fever curve," *ipso facto* it ceases to be a typhoid fever chart.

If any one of the gentlemen are present who in former years have criticized my charts (and in doing so have positively asserted that a chart showing a step-like decline in the temperature, which touches normal in eight or ten days, could not be one of a case of typhoid fever), will now scrutinize well the chart marked "Dr. Cunningham's Case No. 3, James K.," and examine also that book of charts, in it he will find that there are not three charts in which the thermal line departs farther from the so-called typical "typhoid fever curve," than the temperature curve on the chart of this man, whose small intestines presented the most extensive series of ulcerated Peyer's glands that I have ever seen.

Had the physician who was called to attend this man on the first of April made a correct diagnosis, or failing to do so, had he called in consultation a physician who, if unable to make a positive diagnosis, would at least have given the patient the benefit of the doubt and immediately instituted efficient antiseptic treatment, the misfortune of an intussusception might still have befallen the patient, and he might have died, but he would have been spared those days of burning fever, those sleepless nights of wild delirium, the necrosis of Peyer's glands, and their consequent dangers.

I have known all of these years that these were the clinical charts of cases of true typhoid fever; known that some of them were charts of cases of the disease in which necrosis and even ulceration of Peyer's glands had already supervened; and I have also been well aware that there were amongst them the charts of patients who, but for the treatment I had advised, would have been sleeping beneath the sod.

In nearly every medical society before which I have presented dissertations on typhoid fever, certain members have wisely delivered themselves of one or more of the following sage citations, either literally or with very slight rearrangement of words; as, for instance: "We all know that typhoid fever is a specific infection that must run its course of four, five, six, or ten weeks or longer"; or it may be that one will sapiently remark: "If there is one fact in medicine that is well established, it is that the course of the disease in typhoid fever cannot be shortened by a single day." These erudite persons seem to deem these parrot-like assertions as incontrovertible testimony amply sufficient to confute totally and instantaneously the whole of the accumulated evidence of my clinical experience, and, indeed, even quite sufficient to disprove the statements of all the proficient physicians who have corroborated my diagnoses and results. But it should be remembered that unwarrantable assumption is not valid reasoning, and the plausible arguments that have been adduced in confutation of my claims are not more convincing than what have in the past been used to oppose every step in the progress of medicine. A latter-day Sydenham gifted with peculiar perspicacity selected three charts as looking to him very much like the record of the temperature in cases of malarial fever. The fact of the matter is that his extraordinary clearheadedness availed him nothing, for he had, unluckily for himself, chosen the charts of three cases of typhoid fever which had occurred during three epidemics. These patients had been examined and the diagnoses verified by no less than six different physicians at the bedside, and no doubt was expressed at the time as to the character of the disease.

It is hardly conceivable how so grievous a mishap could have befallen the critic, for unfortunately the lines on the chart did not delineate the rise and fall of the tem-

perature of malarial fever—most inexcusable blunder even in the most inexperienced medical man. Arguments thus propounded by notable professors whose reputation for scholarship beyond measure has heretofore been undisputed, have been puerile indeed—unworthy alike of the speaker, his auditors, and the topic under discussion. It is hard to understand how a philosopher, so penetrating, so profound, could be so wilfully blind as not to have observed that at least fifty of these were the clinical charts of typhoid fever patients which had been examined by from two to six different physicians, the diagnoses and results of treatment attested to, and all of these facts written on the face of the original charts, which were signed by physicians whose integrity and expertness as diagnosticians cannot be questioned.

When these charts have been criticized, and when the fact that the temperature has touched normal in seven or eight days has been said to be proof that these patients did not have typhoid fever, I knew that if the opportunity should ever present itself I would be able to demonstrate on the cadaver the truth of my statements. I little expected, however, that I would live to see *a case of aborted typhoid fever in the dead-house*.

But here I present to you a temperature chart, kept at the bedside of the patient by the attending physician, Dr. M. V. Cunningham (Case No. 3, James K.), in which the temperature touched normal on the seventh day of treatment—the thirteenth day of the disease. And here I present to you both dried and moist specimens of the intestine of the same patient, showing the characteristic and extensive ulceration of Peyer's glands. Here is the intussusception which caused the death. The bedside history and the pathological specimens prove conclusively that one case of typhoid fever was aborted. "*Ab uno disce omnes.*" Thus this obscure colored man,

dying, has rendered a greater service to the world than can her most distinguished citizen, living.

It is interesting to note that every adverse criticism of my theories, my management of disease or of my conclusions, have come from those having no practical, and I fancy very little theoretical, knowledge of the subject; while those who have tested my methods have favored me with more valuable reports, and kindly expressions of approval of the same, than I have been able to transcribe or properly answer. I append a few of them here. I presented others in my papers read before the Sections on Pediatrics and Practice, American Medical Association, last week.

Dr. John McCurdy, one of the most distinguished physicians in the State of Ohio, many times president of his county medical society, ex-president of the Ohio State Medical Society, during the war was Regimental, Brigade and Division Surgeon, Assistant Medical Director, and Acting Medical Inspector of the Fourteenth Army Corps; has had 320 cases of typhoid fever under his care at one time. A firm believer in the idea that any limitation of the course of the disease in typhoid fever was impossible, in the county medical society in 1880 he spoke eloquently against the acceptance of my theories, and in 1893, in the same society in which he had spoken thirteen years before, said: "Dr. Woodbridge has made the greatest discovery that has been made in medicine in a hundred years. I have treated typhoid fever by his method for several years, and have aborted a large number of the sixty-five or seventy cases treated since 1890, although I have not been able to abort *every case* and have had two or three deaths; these occurred, however, in cases that came under my care at the end of the second week of the disease or later. I know this treatment has power to destroy the specific poison of typhoid fever, and if begun early will abort

the disease. It is the best treatment I have ever seen advised." At a public banquet given to the Chamber of Commerce, at which there were probably present three hundred guests, Dr. McCurdy, responding to the toast "The Medical Profession," said: "We claim that one of our number here is the discoverer of a treatment for that universal and justly dreaded disease, typhoid fever, which as a rational and scientific plan of waging battle with that life-destroyer, is far in advance of any treatment yet practiced. This treatment has stood the crucial test of years, in hundreds of cases, and the theory is fully sustained by the long list of victories achieved."

Dr. C. R. Justice, the very able Health Officer of Poland, Ohio, and ex-member of the pension board, with whom I have had seventeen bedside consultations during the past year over cases of typhoid fever, had for years condemned my theories and denounced my position as "absolutely untenable," until I had learned to regard him as a devotee at the shrine of the "expectant method," who would go on to the end of his professional career treating the disease symptomatically, accepting the long weeks of sickness of his patients as something entirely beyond his control, and the deaths as visitations of Providence for which he was in no way responsible. I was greatly surprised, therefore, to learn that he had been investigating the subject for months. That he has continued his investigations to good purpose, is proven by the success he has secured in treating some very severe cases of typhoid fever (a few of the charts of which are submitted for your inspection), and by the fact that I was able to write to one of his brother practitioners advising him to call Dr. Justice in consultation, as he had treated so many cases by my method that I felt perfectly safe in saying to the friends of his patients that if they called him early

enough they need never fear that he would have a death from typhoid fever or that any of his patients would be severely sick.

Your attention is especially invited to the clinical chart of Case No. 111, Alonzo C., who had been under the care of two physicians at a neighboring town. He had been sent home with the statement that he had a terribly severe attack of typhoid fever and would necessarily be sick a long time. He arrived wildly delirious, with a temperature of 106° and all other symptoms of typhoid fever characteristic. His temperature touched normal on the eleventh day, and in a few days more he was out driving perfectly well.

Dr. Justice has treated during the year by my method twenty-three cases without a death, although some of them have been complicated by grave preëxisting or concurrent affections, and some of them came under his care at late stages of the disease. In speaking of the treatment, Dr. Justice said: "Looking back over the past, I can see where I could have saved many lives had I understood this method of managing typhoid fever as I do now, and I think I would be committing a crime were I to treat a case of the disease in any other way than that advised by Dr. Woodbridge."

Dr. J. A. Dickson, of Youngstown, Ohio—a gentleman of the highest integrity, a physician whose reputation as a general practitioner is happily not marred by his success as a laparotomist—sends me the following report:

YOUNGSTOWN, O., April 29, 1895.

I have treated several cases of typhoid fever with Dr. Woodbridge's treatment, and find that it will invariably cut the fever short if commenced early enough in the disease, the illness lasting often but a few days, the temperature soon dropping to normal and remaining there. I have also tried the mixed treatment—that is, using

the tablets as directed, and also, perhaps, some turpentine emulsion, quinine, etc.—but it pays better to “hew to the line.”

I have recently been treating a case of the fever which came to me from another physician, who was ill. It had not been treated by Dr. Woodbridge's method, and when I first saw the case I found the temperature 104° , the pulse 100. I immediately commenced with the tablets, giving one every fifteen minutes for the first day, one every half-hour during the second day, and one every hour during the third day, etc. Upon the second day the temperature came down to 101.8° . Upon the third day it was 101.4° , fourth day 101.4° , fifth day 101.2° , sixth day 98.6° .

After this the temperature remained normal for four days, when the patient came down with pneumonia, with the characteristic rales, egophony, hepatization, and expectoration, from which he is now recovering. The temperature, upon the onset of the pneumonic trouble, went up from normal to 101.8° the first day, and gradually to 103° , but the tongue was moist and there were no symptoms of typhoid fever. If I were stricken with typhoid fever or one of my family were taken down with the dread disease, I think I would feel like sending for Dr. Woodbridge from the Atlantic Coast to the Golden Gate.

(Signed)

J. A. DICKSON.

There must be royal blood coursing through the veins of Dr. T. F. Reed, of Massillon, Ohio, for of such material as he is made, made they the kings and rulers of the earth in olden times. In one of the darkest hours of my existence he wrote me as follows:

MASSILLON, Ohio, Nov. 14, 1894.

J. E. Woodbridge, M. D.

DEAR DOCTOR: I wish to add a word of encouragement to you against the many denunciations of your

treatment of typhoid fever. I wrote for your formula some time ago, and you referred me to the Journal of the American Medical Association, from which was obtained the desired knowledge. My father, Dr. T. J. Reed, has also used it, and we have met with very good success, and can offer only words of praise in its favor.

We have been giving about thirty grains of quinine per day (this being a great malarial district) for four days, and if at the end of that time we found the temperature high, and the symptoms the same or aggravated, we put the patient on the treatment prepared under your formula, and although we have not aborted the disease in every case inside of ten days, we have, with the exception of two cases, inside of fourteen days, and seldom see them after the sixteenth day. I have kept diligently the charts of the cases I have had, and have taken pleasure in showing them to the other physicians, who laughed at my daring to use the treatment. They take a different view of it now, though. Had I but known a few hours earlier of your intention to speak in Cleveland, I should have gone up, and let my voice help to defend you; or if not allowed that, at least it might be some satisfaction to you to see the few charts (ten in all) we have been able to prepare. Hoping that you may meet with greater encouragement at the hands of the profession, and that I may be able to meet you personally at some future time, I remain,

Yours truly,

T. F. REED.

A few days later Dr. Reed kindly sent the charts to which his letter refers, with the following letter:

"DEAR DOCTOR: I send you by this mail a few of my charts that were unmistakably typhoid fever cases, and some of them were the last cases of from two to four in the family who had similar attacks, but of which I re-

gret to say no records were kept. . . . We have had, in all, about twenty-five cases, and these charts are examples of them all. We are well pleased with the results we have had, and *can positively say that it is due to the form of treatment.* I hope the charts will be of some use to you, and anything that I have or may get, is at your disposal. I should like the charts returned, as I have no duplicates of them and want to keep them for future use. The temperature marked was taken at the height of fever."

Dr. E. J. March, of Canton, Ohio, sends me the following letter, with charts marked "Dr. March's Cases, Harry W. and Sadie J." :

CANTON, OHIO, April 26, 1895.

Dr. J. E. Woodbridge.

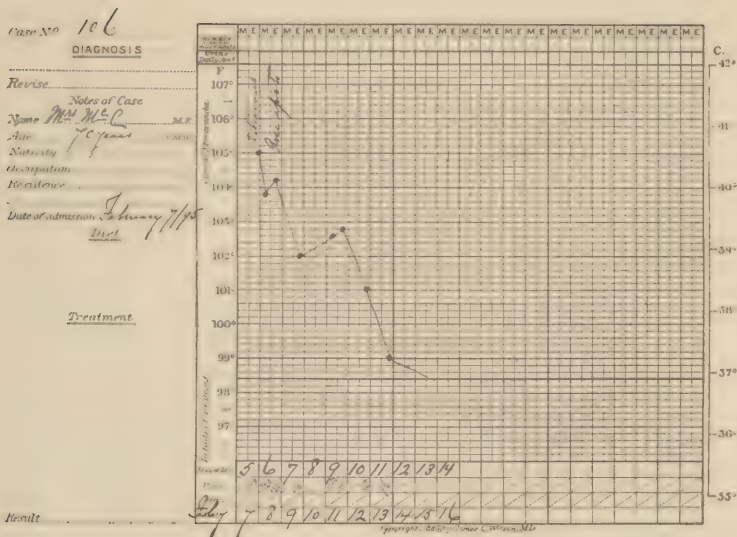
DEAR DOCTOR: An apology is due you for my long delay in giving the reports of *some* of the cases of typhoid fever which I have treated with the medicine you furnished so kindly. I have simply postponed it from time to till this afternoon I saw a report of some of your cases in P. D. & Co.'s *Therapeutic Notes*. Enclosed find the detailed treatment and temperature charts of two cases. The first, of Mr. W., was to my mind a typical case. The second, Miss J., a trained nurse, came from a family all of whom had typical and severe attacks, at which place she contracted the disease. She came back to Canton, and asked me to give her the "Woodbridge treatment," as she had nursed my first case, and was much taken with the results obtained in it. By the way, she had had large experience in the New York hospitals in nursing typhoid. You will see the results as per chart enclosed. I had two other cases as well marked and typical, but being in non-professional nurses' hands no notes or charts were kept, but they were both convalescent in ten days' time. The one, a woman about thirty years old,

had come from the bedside of her brother, who died from the disease, and she started in with a severe attack. I am sorry I did not keep such a record as I could myself, so as to add water to your wheel. I have a friend here who has tried the plan of treatment, somewhat modified, and says that the objection he has to it is that whereas he formerly made from \$20.00 to \$40.00 out of each case of typhoid, this cuts his bills down to less than \$10.00 in each case. Doctor, I feel sure that you are on the right track, and if we should have a run in our hospital wards this fall, I will furnish you with some charts and results. Thanking you for your courtesy, (Signed)

E. J. MARCH.

I will now present from my own practice a few cases which ran a course similar to that of Dr. Cunningham's Case No. 3, with the exception of the unfortunate accident of the intussusception. These cases represent not only most careful and positive diagnoses from the clinicians' standpoint, as they were generally verified by one or more other physicians; but every precaution has been taken to reduce errors of diagnosis to a minimum, by calling to my aid every known means of excluding mistakes. The diazo-reaction described by Ehrlich, and the microscope, were appealed to, and in a large number of cases where malarial fever was suspected or had been diagnosticated, careful search was made for Laveran's hæmatozoa.

CASE NO. 101.—Lenore S., aged 27 years. When I first saw her on the 14th of January, 1895, she had a temperature of 103°, pulse 120, and all other symptoms of typhoid fever as characteristic as were those in the case of her mother. A few days later, on the 17th, her temperature was 100°, pulse 100, and the general condition so much improved that I have no record until the 21st, when the temperature had been reduced to 99.8°.



and the pulse 96. I saw her the last time on the 26th, and she was out in one week.

CASE No. 106.—Mrs. McC., aged 70 years, mother of Case No. 101 and residing in the same house, was a feeble woman and one of five typical cases in one house. When I first saw her on the 7th of February, 1895, her temperature was 105°, pulse 140. Although she was reported to have been sick only five days, she was delirious; her bowels very tender; there was considerable tympanitic distention; rose-spots were abundant; her tongue was thickly coated, dry and brown. Her temperature, as you will see, had dropped to 99°, her pulse 96 on the 13th, after which her temperature was not taken, and in a few days she was able to be about, and at the end of a week was out of doors.

CASE No. 108. --Carolyn S., aged 2 years (daughter of Case No. 101). This patient was far from well on the 7th of February, when I was called to see her grandmother,

and on the 9th she had a temperature of 105.2°. She was discharged cured on the 16th, after nine days of treatment.

CASES NOS. 107 AND 109.—Katie McC. and Jerry McC., aged respectively 5 and 23 years, granddaughter and son of Case No. 106. These cases both showed decidedly characteristic symptoms of the disease, but recovered so rapidly that no records were kept.

CASE No. 115.—John O'L., aged 28 years. This young man was taken sick on the 1st of March, and was treated by an irregular practitioner, who called two other physicians in consultation after twenty-two days of sickness, during which time (according to the statements of the family) a diagnosis was made of *la grippe*, malaria, pneumonia, and finally pneumonia with typhoid malaria. On the 22d of March an unfavorable prognosis was given and I was sent for. I found a typical case of typhoid fever, complicated with pneumonia. His temperature was 103.6°, pulse 118 and dicrotic; condition of nervous system very bad; he was sleepless and delirious; his abdomen was covered with rose-spots; tympanitic distention enormous; bowels very tender; tongue very dry, brown and cracked; he was spitting blood, and had three intestinal hemorrhages. On the 25th of March his temperature was 104.7°. However, his condition improved rapidly indeed. He slept naturally, without hypnotics, on the second night, when he was no longer delirious. Within three days his abdomen flattened out, the tympanitis disappeared, his appetite returned, and he declared that he was gaining strength on milk diet. On the 1st of April and the following day, the temperature being normal, he was discharged cured. Dr. M. V. Cunningham saw the case with me, for the purpose of watching the effect of treatment. He pronounced it wonderful.

CASE No. 120.—Mary O'L. (sister of Case No. 115, John O'L.). I was called to see this case on the 24th of April, and was given the following history: She had nursed her brother through a severe attack of typhoid fever a month before. During the latter part of his illness, she had severe headache and general malaise. About two weeks before I saw her, her headache increased, her back and limbs ached, she became dull and apathetic, and as her mother expressed it, "could hardly drag one foot after the other, she who was the most active and energetic of all the kith and kin." At this time she took the residue of the medicine I had left for another sister, under the supposition that she was taking typhoid fever (from which illness the sister recovered at once), after which she felt quite well for several days. Six days before my first visit, the headache returned, the back and limbs began to ache, and all the characteristic symptoms of typhoid fever presented themselves; her pulse was 120, her temperature 104.9° ; her tongue heavily coated, spleen enlarged, her bowels very tender and tympanitic. I left her in the care of Dr. M. V. Cunningham on the ninth day of treatment, when I left to attend the meeting of the American Medical Association at Baltimore. During my absence she had a very severe intestinal hemorrhage, but made a good recovery. While Dr. Cunningham was making his daily visits, a sister was taken sick; proper treatment was instituted early, and the temperature never rose above 103.5° . On the seventh day, when she was doing very well, her husband came home drunk, and brought an irregular practitioner with him who very promptly decided that she had no fever. It was very fortunate for his reputation that he was called in after Dr. Cunningham had aborted the disease.

CASE No. 116.—E. S., aged 40 years (husband of Case No. 84). This patient resides about four miles from

my office, and he drove that distance to see me about one o'clock each day. He consulted me first on the 1st of April, when I found his temperature was 100° and pulse 112. Although feeling at times miserable, he was able to be out each day, and on the 15th his temperature had dropped to 99.4° , and pulse 80, and his recovery was excellent.

CASE No. 114. — Mrs. Michael J., aged 32 years. This was the fourth case of typhoid fever in the house at once (the three other cases were reported in the paper which I read in the Section on Pediatrics of the American Medical Association in Baltimore), a small son (Case No. 78), John J., and a little niece (Case No. 105), Annie W., having also had the disease some time before, and the symptoms were not well defined, so an absolutely positive diagnosis was not possible; but as the family used water from a well which was supposed to be the source from which several other cases had originated, she was treated as a case of typhoid fever, and assured that if the diagnosis were correct she would not be confined to bed or be sick long, or too sick to nurse her three children who had the disease, as I had been able to treat her from the beginning of her indisposition.

CASE No. 110. — Frank S. This was an ambulatory case, and although the symptoms seemed to indicate that the patient was growing worse, his temperature being 103° on the sixth day of treatment, he felt fairly well after the first two or three days.

CASE No. 118. — John S. This case showed premonitory symptoms of typhoid fever for more than a week before the patient consulted me. He drove to my office for a few days, with all the well-marked characteristics of the disease plainly to be seen, but finally had to go to bed for a week or more. The temperature ranged from 100° to 102.8° for eight days, and he was discharged on the twelfth day, cured.

CASE No. 117.—George J., aged 14 years. Came to my office on the 14th of April, and called daily for four or five days, when his afternoon temperature was only 101° ; but his other symptoms were sufficiently characteristic to justify a diagnosis of typhoid fever. I soon discovered that he was not doing well, and warned him of the danger of neglecting to follow implicitly my instructions, after which he improved for a few days, but again grew worse. Sending for his father, I learned that he had been left to take his medicine or not, as he chose, and choosing the latter, he had been casting the expensive medicine which I gave him into a cuspidor. I refused to have anything more to do with him, unless he were properly nursed, when his mother gave up her situation and gave him good care; but more than two weeks had now passed, and instead of being well as he should have been, his symptoms were all aggravated; his pulse was 136; temperature 103.4° ; the tympanitic distention of the abdomen was enormous, and his bowels were very tender and painful. Leaving him in Dr. Cunningham's care when I went to Baltimore to attend the meeting of the American Medical Association, and returning on May 13th, the doctor requested me to see him, saying that he was unable to control him. On several occasions he had stolen out of bed and secured bread and other articles of solid food, and once he was said to have eaten a pound of candy. I ordered him to be handcuffed to the bed, where he still remains, but is nearly well.

CASE No. 104. — Miss Ellen H., aged 20 years. Residing in a neighboring town, she had been sick ten days, under the care of the family physician, who, being one of those gentlemen who do not believe in the possibility of aborting typhoid fever, very naturally blundered in his diagnosis, and treated her for la grippe until about four days before I was called. At this time he correct-

ed his diagnosis to typhoid fever, which caused no little excitement, as the other most prominent physician in the town was and is an enthusiastic advocate of the "Woodbridge method." (He says publicly that no patient should die of typhoid fever.) Thus the friends of scientific medicine and the friends of "old fogysm" became partisans; and for days that young lady's mother, in her anxiety to save her daughter from death or needless suffering, was swayed from side to side. It would be hard to tell which party would have won, had not the condition of the patient become alarming, for although the doctor was keeping the temperature down nicely with acetanelid and sponge-baths, and was sustaining the heart with strychnine and digitalis, her mother could see that all was not right, and she at last telephoned to me to come down and meet the attending physician in consultation. I found both physician and friends exceedingly anxious about a "failing heart," a threatening danger which I assured them would disappear as soon as a little of the poison of the disease was neutralized. I discontinued all heart-tonics and stimulants, and all medicine, in fact, except the three prescriptions which I have advised in former papers, and before I made my next visit the following afternoon, all of the ill-omened heart symptoms had disappeared, and the pulse had resumed a healthy tone. In two or three days, all of the nervous symptoms, all of the tympanitis, all of the abdominal tenderness, were gone, never to reappear, and she was very comfortably sick, although, as you will see, the temperature did not touch normal until the eleventh day.

In conclusion, I wish to say that an apology is due the large number of physicians who have reported cases of typhoid fever treated and aborted by the "Woodbridge method" which I have been unable to reproduce here or in previous papers for want of time—an unin-

tentional and unavoidable discourtesy, since the twenty minutes allowed me in the medical societies or the space in the "Transactions" would have been wholly inadequate to admit of the briefest possible mention of all the valuable and valued reports in my possession. But every case reported is an object lesson to those who doubt the possibility of aborting typhoid fever, and will aid in hastening the day when death or long or severe illness will be unknown. Hence the medical profession is to be congratulated that it has in its ranks proficient men, able enough to learn the truth and brave enough to teach it.

